

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

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Page 1 of 25

**SUMMARY PAGE**

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE	
<b>Jason 08</b>					<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME						
Title	First <b>Robert</b>	MI <b>L</b>	Last <b>Manfreda</b>	Suffix <b>Jr</b>		
4. TREASURER ADDRESS						
Street Address <b>8 RACEBROOK DR</b>		City <b>BETHEL</b>		State <b>CT</b>	Zip Code <b>06801</b>	
5. ELECTION DATE		6. OFFICE SOUGHT ( if applicable )			7. DISTRICT CODE ( if applicable )	
<b>11/04/2008</b>		<b>State Representative</b>			<b>R002</b>	
8. CANDIDATE NAME						
Title	First <b>Jason</b>	MI <b>W.</b>	Last <b>Bartlett</b>	Suffix		
9. TYPE OF REPORT						
<b>January 10 Filing - Original</b>						
10. PERIOD COVERED						
Beginning Date                      Ending Date						
<b>11/06/2008</b> thru <b>12/31/2008</b>						
11. CERTIFICATION						
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.						
<b>Electronic Filing</b>		<b>Robert Manfreda</b>		<b>01/11/2009</b>		
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED		
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.						

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE  
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
<b>Jason 08</b>	Original 01/12/2009	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$4,350.97</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$0.00</b>	<b>\$5,345.00</b>
15. Receipts from Other Committees (Sections C1 + C2)	<b>\$0.00</b>	<b>\$0.00</b>
16. Other Monetary Receipts (Section D-I)	<b>\$414.20</b>	<b>\$26,044.21</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14-17)	<b>\$414.20</b>	<b>\$31,389.21</b>
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	<b>\$4,765.17</b>	<b>\$31,389.21</b>
20. Expenses Paid by Committee (Section N)	<b>\$3,503.01</b>	<b>\$30,127.05</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 )	<b>\$1,262.16</b>	<b>\$1,262.16</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$0.00</b>
24. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
25. Receipts of Organization Expenditures (Section M)	<b>\$1,409.19</b>	<b>\$3,601.16</b>
26. Beginning Loan Balance	<b>\$0.00</b>	<b>\$0.00</b>
26a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$0.00</b>	<b>\$0.00</b>
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$219.84</b>	<b>\$494.04</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$0.00</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$2,150.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Jason 08	Original 01/12/2009

**A. Total Contributions from Small Contributors-Received this Period ONLY***(See instructions for definition of Small Contributor)***Subtotal Section A****B. Itemized Contributions from Individuals**

Last Name	First Name	MI	Method of contribution: Cash                      Personal Check Money Order            Credit/Debit Card		Contribution ID #	Amount of Contribution
Residential Street Address	City	State	Zip Code	Date Received		
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Yes      No Executive      Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes      No		
				Aggregate Contributions		
<b>Total of Section B</b>						
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A & B) <i>(Total on Line 14 of Summary Page)</i>						

**I. MONETARY RECEIPTS (Section A-I)**

<b>I. MONETARY RECEIPTS (Section A-I)</b>				
NAME OF COMMITTEE				FILING DUE DATE
Jason 08				Original 01/12/2009
<b>C1. Contributions from Other Committees</b>				
Name of Committee			Name of Treasurer	
Address		Is this contribution associated with a fundraising event listed in Section J1?         Yes      If yes, list Event # No		Amount of Contribution
City	State	Zip Code	Date Received Aggregate Contributions	
<b>Total of Section C1</b>				

<b>I. MONETARY RECEIPTS (Section A-I)</b>				
NAME OF COMMITTEE				FILING DUE DATE
Jason 08				Original 01/12/2009
<b>C2. Reimbursements or Payments from other Committees</b>				
Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services	
<b>Total of Section C2</b>				

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	FILING DUE DATE
Jason 08	Original 01/12/2009

**D. Loans Received this Period**

Name of Lender				Source of Loan:  Bank  Candidate  Individual  Other  Committee	Is there a cosigner or Guarantor of this loan?  Yes  No	Amount Received
Street Address	City	State	Zip Code			
Name of Cosigner/Guarantor						
Street Address	City	State	Zip Code	Date Received		

**Total of Section D**

<b>I. MONETARY RECEIPTS (Section A-I)</b>	
NAME OF COMMITTEE	FILING DUE DATE
Jason 08	Original 01/12/2009
<b>E. Personal Funds of the Candidate Received this Period</b>	
Date Received	Amount
<div style="display: flex; justify-content: space-between;"> <span>Method of Payment</span> <span>Cash</span> <span>Personal Check</span> <span>Credit/Debit Card</span> </div>	
<b>Total of Section E</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Jason 08	Original 01/12/2009

**F. Anonymous Contributions**

Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount
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**Total of Section F**



<b>I. Monetary Receipts (Section A-I)</b>
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NAME OF COMMITTEE	FILING DUE DATE
Jason 08	Original 01/12/2009

<b>G. Interest from Deposits in Authorized Accounts</b>
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Name of Institution	Date Received	Total Amount Received
Street Address	City	
	State	Zip Code

<b>Total of Section G</b>	
---------------------------	--

<b>I. MONETARY RECEIPTS (Section A-K)</b>			
NAME OF COMMITTEE			FILING DUE DATE
Jason 08			Original 01/12/2009
<b>H. Public Grant Funds Received from the Citizen's Election Fund</b>			
Purpose of Grant:	Supplemental/Independent Expenditure	Date Received	Amount
Initial			
Primary                      General or Special Election	Primary                      General or Special Election		
Supplemental/Post Election Deficit	Supplemental/Excess Expenditure		
General or Special Election	Primary                      General or Special Election		
<b>Total of Section H</b>			

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE			FILING DUE DATE	
Jason 08			Original 01/12/2009	
<b>I. Miscellaneous Monetary Receipts not Considered Contributions</b>				
Name		Date of Transaction		Amount Received
Harty Press		12/22/2008		
Street Address	City	State	Zip Code	
25 James Street	NEW HAVEN	CT	06513	
Description				
Partial rebate of expense				\$414.20
<b>Total of Section I</b>				<b>\$414.20</b>

## II. FUNDRAISING EVENT ACTIVITY

NAME OF					FILING DUE DATE	
COMMITTEE Jason 08					Original 01/12/2009	
<b>J1. Fundraising Event Information</b>						
Fundraising Event # Date of Fundraiser	Description Letter	Location: Street Address	City	State	Zip Code	
Was this fundraising event hosted at a personal residence?			Yes	No		
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50?			Yes	No		
Was this fundraiser a tag sale, auction, or other sale of donated items?			Yes	No		

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Jason 08	Original 01/12/2009

### J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items

Name of the Purchaser    Last Name <i>(Individuals ONLY)</i>	First Name	MI	Method of payment: <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Cash</span> <span>Personal Check</span> <span>Credit/Debit Card</span> </div>				Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code	Date Received	Event #		
Items Purchased							
<b>Total of Section J2</b>							

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Jason 08	Original 01/12/2009

### J3. In-Kind Donations Not Considered Contributions

Name of the Donor				Donation Given by: <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Individual</span> <span>Business Entity</span> </div>		Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event		
Description of Donation	Date Received	Event #				
<b>Total of Section J3</b>						

### III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Jason 08	Original 01/12/2009

#### K. In-Kind Contributions

Name				Date Received		Fair Market Value of this Contribution	
Street Address		City					State
Type of Contributor:	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	Is contributor a principal of a state contractor or prospective state contractor?				Yes
Individual		No	If yes, indicate which branch or branches of government the contract is with:				No
Committee			Executive				Legislative
Is this contribution associated with a fundraising event listed in Section II?		Yes	Description of In-Kind Contribution			Aggregate contributions	
If yes, list Event#		No					

**Total of Section K**

### III. Non Monetary Receipts

NAME OF COMMITTEE	FILING DUE DATE
Jason 08	Original 01/12/2009

#### L. Refundable Deposit to Telephone Company

Last Name ( Individuals Only )	First Name	MI	Date Received	Amount of Deposit
Street Address	City	State	Zip Code	
Name of Telephone company				
Street Address	City	State	Zip Code	
<b>Total of Section L</b>				



### III. NONMONETARY RECEIPTS

NAME OF COMMITTEE						FILING DUE DATE
Jason 08						Original 01/12/2009
<b>M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee</b>						
Name of Committee Democratic State Central Committee			Name of Treasurer Emma W. Pierce			
Street Address 179 Allyn Street			Date Notice Received 11/06/2008	Fair Market Value of Donation          \$59.17		
City HARTFORD	State CT	Zip Code 06103	Aggregate Donations \$59.17			
Description of Donation Access to voter file		Purpose of Expenditure <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E				
Name of Committee Bethel Democratic Town Committee			Name of Treasurer Trisha Lewis			
Street Address PO Box 148			Date Notice Received 11/07/2008	Fair Market Value of Donation          \$250.00		
City BETHEL	State CT	Zip Code 06801	Aggregate Donations \$365.25			
Description of Donation Organizational Expense		Purpose of Expenditure <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E				
Name of Committee Bethel Democratic Town Committee			Name of Treasurer Trisha Lewis			
Street Address PO Box 148			Date Notice Received 11/09/2008	Fair Market Value of Donation          \$250.00		
City BETHEL	State CT	Zip Code 06801	Aggregate Donations \$615.25			
Description of Donation Organizational expense		Purpose of Expenditure <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input checked="" type="checkbox"/> E				
Name of Committee Speaker's Leadership Committee			Name of Treasurer Jeffrey S. Greenfield			
Street Address 111 Apple Hill			Date Notice Received 11/15/2008	Fair Market Value of Donation          \$850.02		
City NEWINGTON	State CT	Zip Code 06111	Aggregate Donations \$1,108.35			
Description of Donation Services of Advisors		Purpose of Expenditure <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> E				
<b>Total of Section M</b>						<b>\$1,409.19</b>

# IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Jason 08						Original 01/12/2009	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Zoe Schlanger					11/15/2008	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>149</u>	<input type="checkbox"/> Debit Card	
36 Greenwood Avenue	BETHEL	CT	06801	POLLS			
Description					Event #		
Poll Standing							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$50.00
Name of Payee					Date of Payment	Method of Payment	Amount
Thomas Noble					11/15/2008	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>150</u>	<input type="checkbox"/> Debit Card	
33 Tanglewood Drive	BETHEL	CT	06801	POLLS			
Description					Event #		
Poll Standing							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$120.00
Name of Payee					Date of Payment	Method of Payment	Amount
Joshua Giannone					11/15/2008	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>151</u>	<input type="checkbox"/> Debit Card	
4 Wilkes Road	DANBURY	CT	06811	POLLS			
Description					Event #		
Poll Standing							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$70.00

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jason 08	Original 01/12/2009

## N. Expenses Paid By Committee

Name of Payee Christopher Neves					Date of Payment 11/15/2008	Method of Payment <input checked="" type="checkbox"/> Check # <u>152</u>	Amount          \$90.00
Street Address 1 Horseshoe Drive	City DANBURY	State CT	Zip Code 06811	Purpose of Expenditure POLLS	<input type="checkbox"/> Debit Card		
Description Poll Standing					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee Jacy Bispo					Date of Payment 11/15/2008	Method of Payment <input checked="" type="checkbox"/> Check # <u>153</u>	Amount          \$90.00
Street Address 99 Garfield Avenue	City DANBURY	State CT	Zip Code 06810	Purpose of Expenditure POLLS	<input type="checkbox"/> Debit Card		
Description Poll Standing					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee Sai Kuchibhotta					Date of Payment 11/15/2008	Method of Payment <input checked="" type="checkbox"/> Check # <u>154</u>	Amount          \$70.00
Street Address 2 Midway Drive	City BETHEL	State CT	Zip Code 06801	Purpose of Expenditure POLLS	<input type="checkbox"/> Debit Card		
Description Poll Standing					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		

# IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Jason 08						Original 01/12/2009	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
AT&T					11/15/2008	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>155</u>	<input type="checkbox"/> Debit Card	
PO Box 8100	AURORA	IL	60507-8110	A-PH-BNK			
Description					Event #		
Phone service							
<div> <div>Is this expenditure coordinated with another candidate for which reimbursement is sought?</div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>							
							\$13.01
Name of Payee					Date of Payment	Method of Payment	Amount
Adam Chiara					12/08/2008	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>156</u>	<input type="checkbox"/> Debit Card	
12 Huntington Court	BETHEL	CT	06801	CNSLT			
Description					Event #		
Consulting services							
<div> <div>Is this expenditure coordinated with another candidate for which reimbursement is sought?</div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>							
							\$3,000.00
Total of Section N							\$3,503.01

#### IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE				
Jason 08							Original 01/12/2009				
O. Campaign Expenses Paid By Candidate											
Name of Payee Jason Bartlett						Date of Payment 11/15/2008		Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount	
Street Address 14 Highview Terrace				City BETHEL		State CT	Zip Code 06801				
Purpose of Expenditure OFFICE		Description Supplies					Event #		\$219.84		
Total of Section O									\$219.84		

IV. EXPENDITURES						
NAME OF COMMITTEE					FILING DUE DATE	
Jason 08					Original 01/12/2009	
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution			Type of Credit Card: Visa      Master Card      Discover      American Other			
Name of Vendor				Date of Transaction		Amount
Street Address		City	State	Zip Code		
Purpose of Expenditure	Description			Event #		
Total of Section P						

# IV. EXPENDITURES

NAME OF COMMITTEE					FILING DUE DATE	
Jason 08					Original 01/12/2009	
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>						
Name of Creditor				Date Incurred		Event #
Street Address			City		State	Zip Code
Purpose of Expenditure	Description					Amount Incurred (Estimate or Actual)
<div> <div>Is this expenditure coordinated with another candidate for which reimbursement is sought?</div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div> </div> <div> <div>Yes</div> <div>No</div> </div>						
Total of Section Q						

# IV. EXPENDITURES

NAME OF COMMITTEE				FILING DUE DATE	
Jason 08				Original 01/12/2009	
<b>R. Itemization of Reimbursements to Committee Workers and Consultants</b>					
Name of Worker/Consultant Jason Bartlett		Date of Payment 11/15/2008		Method of Payment <input checked="" type="checkbox"/> Check # 147	
Secondary Payee BBI Technologies		Purpose of Expenditure OFFICE		<input type="checkbox"/> Debit Card	
Street Address 58 Research Drive		City MILFORD		State CT	
Zip Code 06460					
Description Supplies				Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Other Candidate(s) Name		Office Sought			
				\$219.84	
Name of Worker/Consultant Adam Chiara		Date of Payment 11/15/2008		Method of Payment <input checked="" type="checkbox"/> Check # 148	
Secondary Payee Walmart		Purpose of Expenditure OFFICE		<input type="checkbox"/> Debit Card	
Street Address Walmart Plaza		City DANBURY		State CT	
Zip Code 06810					
Description Supplies				Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Other Candidate(s) Name		Office Sought			
				\$117.39	
Total of Section R					\$337.23



#### IV. EXPENDITURES

<b>IV. EXPENDITURES</b>				
NAME OF COMMITTEE			FILING DUE DATE	
Jason 08			Original 01/12/2009	
<b>S. Surplus Distribution of Equipment and Furniture</b>				
Name of Recipient			Original Purchase Amount of Item	
Street Address	City	State		Zip Code
Description				
<b>Total of Section S</b>				